

Cat/Kitten Adoption Application

NOTE: YOU MUST BE 21 YRS OR OLDER TO APPLY

| Date: | | | | | | |
|---|--|--|--|--|--|--|
| Animal (s) of Interest: | | | | | | |
| Name: Occupation: | | | | | | |
| Children: Name and Ages: | | | | | | |
| Street Address: | | | | | | |
| City: Zip Code: | | | | | | |
| ome Phone: Cell Phone: | | | | | | |
| E-Mail Address: | | | | | | |
| | | | | | | |
| Residence Information | | | | | | |
| How long at present address: Do you: Rent Own | | | | | | |
| Type of Residence: House Condo Apt Mobile Home | | | | | | |
| Landlord Name and Phone Number: | | | | | | |
| (if you are renting | | | | | | |
| Is there a pet deposit required? Yes No Is there a Pet Door? Yes No | | | | | | |
| How many hours a day will your pet be alone? | | | | | | |
| Where will your new cat be when you are not home? | | | | | | |
| Where will your new cat sleep at night? | | | | | | |
| How often will you have playtime for your cat? | | | | | | |

| Other Import | ant Informa | <u>tion</u> | | | |
|----------------|---------------|-----------------|------------------|-------------------|-------------|
| Have you ow | vned a cat l | oefore? | Yes | No | |
| Have you ow | vned a kitte | n before? | Yes | No | |
| Do you curre | ently have a | veterinarian? | Yes | No | |
| If yes, please | provide clir | nic name and | l address: | | |
| | Please pro | ovide your PE | T HISTORY (past | and present) | |
| <u>Name</u> | <u>Breed</u> | <u>Gender</u> | Ages owned | <u>Sterilized</u> | Still have |
| Sample pet | Siamese | F | 10wks-13 yrs | yes | no |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| In regards to | the above | history, what I | nappened to th | e pets you no | longer have |
| | | | | | |
| | | | | | |
| | | | | | |
| If you curren | tly own a co | at, please pro | vide date of las | t vaccine: | |
| How do you | plan to prov | vide for your c | cat when you ar | e out of town | Ś |
| Have all the | adults in the | household a | greed to adopt | ing a cat? | |

Yes

No

Don't Know

Is anyone in your household allergic to cats? Yes No

Who will be the primary caretaker of the cat?

Don't know

Areas Available to the Cat When would the cat be inside?: Would the cat ever be outside?: What areas of the house would the cat be allowed? _____ Will the cat have access to: patio garage yard balcony What would you do with your pet if you had to move or relocate out of state? Under what conditions would you NOT keep your pet? What food will you feed your new cat? Dry-Brand Canned-Brand Can you afford regular veterinary care for this cat AND any serious injury or illness costs? Please tell us why you are now interested in adopting:

I AGREE THAT ALL INFORMATION PROVIDED HEREIN ON THIS ADOPTION APPLICATION IS TRUE AND CORRECT.

Signature:

Jameson Animal Rescue Ranch RESERVES THE RIGHT TO DENY ADOPTION.

Please email completed application to Willow Duggan, willow@jamesonrescueranch.org

Or mail to: JARR, 1224 Adams Street St Helena, CA 94574

Jameson Rescue Ranch is a registered non profit 501(c)3 organization, # 47-1230166

Monica and David Stevens, Founders

www.jamesonanimalrescueranch.org